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JC072 U.S. PTO

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JC406 U.S. PTO
09/726219

09/28/11

Docket No: 28111/32729F

CONTINUING APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)

**Box Patent Application
Commissioner for Patents
Washington, D.C. 20231**

Sir:

This is a request under 37 CFR 1.53(b) for filing a

- ☒ continuation application.
☐ divisional application.

1. Particulars of Prior Application

Application Serial No: 08/484,893
Filed on: June 7, 1995
Title: Methods for Producing Members of Specific Binding Pairs
Art Unit: 1627
Examiner: P. Ponnaluri, Ph.D.
Prior Docket No.: 28111/32729

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Continuing Application Transmittal Under 37 CFR 1.53(b) and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **November 28, 2000**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EM 578 444 734 US.


Richard Zimmermann

09726219-112800

2. This request is filed by:

1. Full Name of Inventor	Family Name McCAFFERTY	First Given Name John	Second Given Name
Residence & Citizenship	City Cambridgeshire	State or Foreign Country Great Britain	Country of Citizenship Great Britain
Post Office Address	Post Office Address 32 Wakelin Avenue, Sawston	City Cambridgeshire	State & Zip Code/Country Cambridgeshire CB2 4DS, Great Britain

2. Full Name of Inventor	Family Name POPE	First Given Name Anthony	Second Given Name Richard
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3. Full Name of Inventor	Family Name JOHNSON	First Given Name Kevin	Second Given Name Stuart
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4. Full Name of Inventor	Family Name HOOGENBOOM	First Given Name Hendricus	Second Given Name R.J.M.
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Post Office Address	Post Office Address 25 Queensway	City Cambridge	State & Zip Code/Country Cambridge CB2 2AY, Great Britain

- ☐ This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

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5. Full Name of Inventor	Family Name GRIFFITHS	First Given Name Andrew	Second Given Name David
Residence & Citizenship	City Cambridge	State or Foreign Country Great Britain	Country of Citizenship Great Britain
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6. Full Name of Inventor	Family Name JACKSON	First Given Name Ronald	Second Given Name Henry
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7. Full Name of Inventor	Family Name HOLLIGER	First Given Name Kasper	Second Given Name Philipp
Residence & Citizenship	City Cambridge	State or Foreign Country Great Britain	Country of Citizenship Switzerland
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8. Full Name of Inventor	Family Name MARKS	First Given Name James	Second Given Name David
Residence & Citizenship	City Cambridge	State or Foreign Country Great Britain	Country of Citizenship United States of America
Post Office Address	Post Office Address 82 Mill End Road, Cherry Hinton	City Cambridge	State & Zip Code/Country Cambridge CB1 4JP, Great Britain

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9. Full Name of Inventor	Family Name CLACKSON	First Given Name Timothy	Second Given Name Piers
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10. Full Name of Inventor	Family Name CHISWELL	First Given Name David	Second Given Name John
Residence & Citizenship	City Buckingham	State or Foreign Country Great Britain	Country of Citizenship Great Britain
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11. Full Name of Inventor	Family Name WINTER	First Given Name Gregory	Second Given Name Paul
Residence & Citizenship	City Cambridge	State or Foreign Country Great Britain	Country of Citizenship Great Britain
Post Office Address	Post Office Address 64 Cavendish Avenue	City Cambridge	State & Zip Code/Country Cambridge CB1 4UT, Great Britain

12. Full Name of Inventor	Family Name BONNERT	First Given Name Timothy	Second Given Name Peter
Residence & Citizenship	City Cambridge	State or Foreign Country Great Britain	Country of Citizenship Great Britain
Post Office Address	Post Office Address 77 Glisson Road	City Cambridge	State & Zip Code/Country Cambridge CB1 2HG, Great Britain

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3. **Amendments**

- ☐ Amend the specification by inserting before the first line the sentence:
--This is a of U.S. application Serial No. , filed .--
- ☐ Cancel claims _____ in the prior application before calculating the filing fee.
- ☒ A Preliminary Amendment is enclosed.
- ☐ The filing fee is based upon entry of the foregoing amendment(s) (if any).

4. **Copy of Prior Application**

The enclosed is a copy of the prior complete application, including the specification (with claims), drawings, the oath or declaration, and any amendments referred to in the oath or declaration filed to complete the prior application.

5. **Incorporation By Reference**

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under paragraph 4, above, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. **Priority**

- ☒ Priority of application No. PCT/GB92/00883, filed on July 19, 1991 in the PCT is claimed under 35 USC 119.
- ☒ The certified copy(ies) was(were) filed in prior U.S. application Serial No. 07/971,857.
- ☐ The certified copy(ies) has(have) not been filed.

7. **Assignment**

- ☒ The prior application is assigned of record to Medical Research Council and Cambridge Antibody Technology, Limited and has been recorded at Reel No. 8301, Frame No. 0070.

8. **Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established in the prior application and is still proper and desired.
- ☒ Small entity status has not been established.

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9. Information Disclosure Statement

- ☐ PTO-1449 is enclosed.
- ☐ Copies of Information Disclosure Statement citations are enclosed.

10. Fee Calculation

CLAIMS AS FILED - INCLUDING PRELIMINARY AMENDMENT (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$355.00		\$710.00
TOTAL	43 -20	= 23	X 9 =	\$	X 18 =	\$414.00
INDEP.	10 - 3	= 7	X 40 =	\$	X 80 =	\$560.00
<input checked="" type="checkbox"/> First Presentation of Multiple Dependent Claim			+ 135 =	\$	+ 270 =	\$270.00
Filing Fee:				\$	OR	\$1954.00

11. Method of Payment of Fees

- ☐ Attached is a check in the amount of: \$ _____
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ _____
A copy of this Transmittal is enclosed.
- ☒ Filing fee not enclosed. The Applicants request that the NOTICE OF MISSING PARTS-FILING DATE GRANTED pursuant to 1.53(f) be sent to the Applicants undersigned representative.

12. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

Please direct all future communications to Nabeela R. McMillian, at the address below.

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13. Correspondence Address

Customer No.: 04743

Respectfully submitted,

MARSHALL, O'TOOLE, GERSTEIN,
MURRAY & BORUN
6300 Sears Tower
233 South Wacker Drive
Chicago, Illinois 60606-6402
(312) 474-6300
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By:


Nabeela R. McMillian

Reg. No: 43,363

November 28, 2000

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